



## Short communication

## Trends in insurance coverage and treatment among persons with opioid use disorders following the Affordable Care Act



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## ABSTRACT

**Purpose:** This short communication examines the impact of the Patient Protection and Affordable Care Act (PPACA) on insurance coverage and substance use treatment access among persons with opioid use disorders. **Methods:** Data came from the 2010–2015 National Surveys on Drug Use and Health. Among persons with heroin and opioid pain-reliever use disorders, measures of insurance coverage and treatment access were compared before and after the implementation of major PPACA provisions that expanded access to insurance in 2014.

**Results:** The prevalence of uninsured persons among those with heroin use disorders declined dramatically following PPACA implementation (OR 0.59, 95% CI 0.39–0.89), largely due to an increase in the prevalence of Medicaid coverage (OR 1.96, 95% CI 1.21–3.18). There was no evidence of an increase in the prevalence of treatment, but among persons who received treatment, there was an increase in the proportion whose treatment was paid for by insurance (OR 3.75, 95% CI 2.13–3.18). By contrast, there was no evidence the uninsured rate declined among persons with pain-reliever use disorders.

**Conclusions:** The PPACA Medicaid expansion increased insurance coverage among persons with heroin use disorders, and likely plays an essential role in protecting the health and financial security of this high-risk group. More research is needed on the relationship between insurance acquisition and utilization of substance use treatment.

## 1. Introduction

The United States' is in the midst of an epidemic of opioid overdose deaths, driven by both prescription pain-relievers and illicit opioids like heroin (Kolodny et al., 2015). Expanding access to evidence-based treatment for opioid use disorders is essential to combatting the epidemic (Alexander et al., 2015). However, most people with opioid use disorders receive no evidence-based treatment (Jones et al., 2015). Among persons with substance use disorders seeking treatment, financial barriers are among the most commonly reported barriers to receiving needed care (Ali et al., 2017).

The 2010 Patient Protection and Affordable Care Act (PPACA) allowed states to expand Medicaid to childless adults with income less than 138 percent of the federal poverty line (FPL). The law also offered subsidies to help low- and middle-income people purchase private insurance. These changes may have helped reduce financial barriers to treatment for persons with opioid use disorders. One study found that

the prevalence of uninsured decreased among persons with any substance use or mental health disorder in 2014 following the PPACA insurance expansion (Saloner et al., 2017). The present study examines insurance coverage and treatment access among persons with opioid use disorders, who may differ from the larger population of persons with substance use disorders. Findings offer context, as the United States considers how future reforms to the PPACA may impact the opioid epidemic.

## 2. Methods

## 2.1. Data

This study utilized data from the 2010 through 2015 National Surveys of Drug Use and Health (NSDUH). NSDUH is an annual, probability sampled, cross-sectional, nationally representative survey of United States households conducted by the Substance Abuse and

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**Table 1**  
Demographics of U.S. Residents 18–64 with Heroin, Pain-Reliever, and Alcohol Use Disorders, 2010–2015.

	Heroin Use Disorder (n = 774)		Pain-Reliever Use Disorder (n = 1926)		Alcohol Use Disorder (n = 21,791)	
	2010–2013	2014–2015	2010–2013	2014 <sup>a</sup>	2010–2013	2014–2015
Past-Year Prevalence <sup>b</sup>	0.2%	0.3%	0.9%	0.8%	8.2%	7.6%
Gender						
Male	70.2%	70.8%	58.3%	53.9%	65.1%	64.1%
Female	29.8%	29.2%	41.7%	46.1%	34.9%	35.9%
Age Group						
18–25	36.7%	28.4%	<b>33.8%</b>	<b>23.9%</b>	<b>31.1%</b>	<b>27.3%</b>
26–34	34.4%	44.5%	<b>29.6%</b>	<b>30.2%</b>	<b>25.2%</b>	<b>24.5%</b>
35–49	19.1%	21.2%	<b>22.7%</b>	<b>21.3%</b>	<b>27.2%</b>	<b>27.6%</b>
50–64	9.9%	6.0%	<b>14.0%</b>	<b>24.5%</b>	<b>16.4%</b>	<b>20.7%</b>
Race/Ethnicity						
White	79.1%	72.3%	<b>71.7%</b>	<b>69.1%</b>	<b>67.6%</b>	<b>63.9%</b>
Black	7.4%	7.5%	<b>8.5%</b>	<b>13.8%</b>	<b>10.4%</b>	<b>11.3%</b>
Hispanic	10.4%	17.9%	<b>14.5%</b>	<b>8.1%</b>	<b>16.6%</b>	<b>18.2%</b>
Other	3.1%	2.2%	<b>5.3%</b>	<b>9.0%</b>	<b>5.4%</b>	<b>6.6%</b>

Bolded demographics were significantly different comparing pre-PPACA to post-PPACA.

<sup>a</sup> Pain-reliever use disorder assessments from 2015 are not comparable to prior years.

<sup>b</sup> As a percentage of U.S. population age 18–65.

Mental Health Services Administration (SAMHSA). Approximately 70,000 persons were interviewed each year about substance use behaviors, substance use treatment, and other characteristics related to substance use (HHS, n.d.).

## 2.2. Measures

Substance use disorders were identified by the NSDUH with a diagnostic algorithm following DSM-IV. In this study, “substance use disorder” was operationalized as meeting the DSM-IV criteria for either abuse or dependence of a particular drug. Data from persons with a heroin use disorder were analyzed separately from persons with a pain-reliever use disorder but no heroin use disorder. For comparison, we also examined persons who met criteria for an alcohol use disorder but did not meet criteria for either of the two opioid use disorders. Population prevalences and demographics of these substance use disorder groups are shown in Table 1.

We examined four self-reported measures of insurance coverage: no insurance coverage at the time of survey (uninsured), insured by Medicaid, insured by private insurance, and insured by Medicare. We assessed any self-reported substance use treatment utilization in the past year as well as the prevalence of self-reported treatment utilization in six specific treatment settings – hospital, inpatient rehabilitation, outpatient rehabilitation, mental health center, emergency department, and self help group. To explore barriers to care, we examined the proportion of people who reported that lack of insurance coverage was the primary reason for not receiving any care or less care than needed. Among persons who received treatment, we also assessed whether persons reported that insurance paid for their treatment.

## 2.3. Analysis

Analyses were restricted to persons age 18–64. To begin, we examined the proportion of survey respondents in each substance use disorder group who reported no children in their household and income below 200 percent of the federal poverty line (200% FPL). Since the PPACA targeted low-income childless adults, this is the group for whom the law likely serves as an important safety net.

For the main analysis, in each group, the prevalence of the outcomes described above before the PPACA insurance expansion in 2010–2013 were compared to the period after implementation of the PPACA insurance expansion using logistic regression. The post-PPACA period for persons with heroin or alcohol use disorders included data from 2014 and 2015. However, the NSDUH pain-reliever module was modified in

2015 and was thus not comparable to prior years; for this reason, the post-PPACA period included only 2014 for persons with pain-reliever use disorders.

Finally, we examined the association between being uninsured and receiving substance use treatment. We tested whether this association differed before and after PPACA implementation by allowing for an interaction between insurance status and time period, to aid interpretation of changes in treatment utilization over time.

Unadjusted models were supplemented by models adjusted for potential confounding by age, sex, and race/ethnicity. Statistical significance was assessed at the  $p < 0.05$  level. Survey weighting and design elements were used, so estimates should be considered representative of the United States population. All analyses were performed in R 3.3.1.

## 3. Results

During the five years examined, nearly a quarter (24.9%, 95% CI 20.0–29.7) of adults with a heroin use disorder were low-income and childless. Persons with a pain-reliever use disorder (16.9%, 95% CI 14.6–19.0) or alcohol use disorder (14.7%, 95% CI 13.9–15.4) were less likely to be low-income and childless.

Among persons with heroin use disorder, the odds of being uninsured decreased by forty percent (OR 0.59, 95% CI 0.39–0.89) comparing years prior to and after the PPACA. This effect was strengthened after adjusting for age, race, and sex (aOR 0.49, 95% CI 0.33–0.74). This was due to a large increase in the proportion of persons covered by Medicaid (OR 1.96, 95% CI 1.21–3.18; aOR 2.33, 95% CI 1.42–3.83). Further, among persons who reported receiving care in the past year, the proportion whose care was paid for by insurance increased substantially (OR 3.75, 95% CI 2.13–6.58; aOR 3.62, 95% CI 2.00–6.56).

Despite the observed decline in uninsured rate, there was no evidence that substance use treatment utilization increased overall among persons with heroin use disorder following PPACA implementation. This was true across all treatment settings examined (results not shown). There was also no evidence of a decline in the proportion of people who reported receiving no or less care than needed because of lack of insurance coverage. In the years prior to PPACA implementation, uninsured persons with heroin use disorder had about half the odds of receiving substance use treatment than insured persons with a heroin use disorder (OR 0.52, 95% CI 0.31–0.87; aOR 0.47, 95% CI 0.29–0.78). This gap between insured and uninsured may have widened in the years following PPACA implementation to the point where uninsured persons had less than one third the odds than their insured

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